

PATENT

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 5, 2004.

William R. Allen

William R. Allen, Reg. No. 48,389

5 February 2004

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Per-Åke Johansson et al.
Serial No.: 09/890,056
Filed: January 8, 2002
Group Art Unit: 2877
Examiner: Michael P. Stafira
Title: METHOD OF DETERMINING AN ILLUMINATED SURFACE
Attorney Docket: STOCK-02
Confirmation No.: 5750

Cincinnati, Ohio 45202

February 5, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

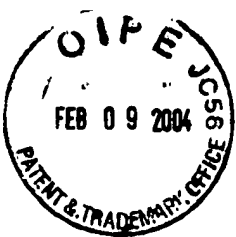
RESPONSE UNDER 37 C.F.R. § 1.116

Sir:

This is in response to the final Office Action mailed November 26, 2003. Please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 9 of this paper.



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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. ☐ Small Entity status is claimed.
☒ Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	22	MINUS	20	= 2	x \$9	\$0	x \$18	\$36
INDEP	3	MINUS	3	= 0	x \$43	\$0	x \$86	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+\$135	\$0	+\$270	\$0
TOTALS					TOTAL FEE	\$	TOTAL FEE	\$36

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___ No additional fee for claims is required.

4. Attached is a check in the sum of \$36.00.

___ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.
A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

- (a) ___ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
___	one month	\$ 110.00	\$ 55.00
___	two months	\$ 420.00	\$210.00
___	three months	\$ 950.00	\$475.00
___	four months	\$1,480.00	\$740.00
___	five months	\$2,010.00	\$1,005.00

___ Attached is a check in the amount of \$___ for the ___ month extension fee as required by 37 C.F.R. § 1.17(c)

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

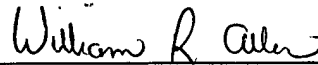
___ An extension for ___ months has already been secured and the fee paid thereof of \$___ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$___.

OR

(b) XX Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

XX If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,
WOOD, HERRON & EVANS, L.L.P.



William R. Allen
Reg. No. 48,389

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